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Fee Transmittal (1 p. - in dup.);

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Petition for Three-Month Extension of Time (1 p. - in dup.).

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U.S. practice conducted through McDermott Will & Emery LLP.

Chicago, Illinois 60606-5096 227 West Monroe Street

Telephone: 312.372.2000

In rc Appln. of Davis, et al. RCE for U.S. Patent Appln. No. 10/086,284 "System and Method for Providing a Gauge Table" MWE Ref. No. 47440-046000

CERTIFICATE OF FACSIMILE TRANSMISSION

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U.S. Pate Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4815). 10/086,284 Application Number RANSMIT March 1, 2002 Filing Date Thomas J. Davis For FY 2005 First Named Inventor Huynh, Cong Lac T. Examiner Name Applicant daims small entity status. See 37 CFR 1.27 2178 Art Unit 47440-046000 Attorney Docket No. 1,810 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Other (please identify). JMoney Order Chcck L Credit Card \ Deposit Account Name: McDermott Will & Emery LLP Deposit Account Deposit Account Number: 13-0206 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fce (\$) Application Type Fee (\$) 200 100 300 150 500 250 Utility 65 130 100 50 100 200 Design 80 160 300 150 100 200 Plant 600 300 250 500 300 150 Reissue 0 2.00 100 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Each claim over 20 or, for Reissucs, each claim over 20 and more than in the original patent Fee Description 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 100 200 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Fee (\$) Extra Claims Total Claims Fee Paid (\$) Fee (\$) D 50 HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fee (\$) Extra Claims indep. Claims 200 -3 or HP = 0 HP = Highest number of independent claims paid for, if greater than 3 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) 3. APPLICATION SIZE FEE for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets Total Sheets (round up to a whole number) x - 100 = _ / 50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination (\$790) and Petition for Three-Month Extension (\$1020) 1,810

SUBMITTED BY 312,372,2000 Telephone Registration No. Patrick O. Aut Signature November 14, 2005 Date Patrick D. Richards

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time well vary depending upon the including case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissions: for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.